		1382778
FORM D U.S. SECURI	TIES AND EXCHANGE COMMISSION	OMB APPROVAL
	Washington, D.C. 20549	OMB NUMBER: 3235-0076 Expires: April 30, 2008
	FORM D	Estimated average burden
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	agours per response 16.00
NO.	FICE OF SALE OF SECURITY 2 1 2006	SEC USE ONLY
06065132 PU	RSUANT TO REGULATION DE	Prefix
8	SECTION 4(6), AND/OR	DATE RECEIVED
UNIFORM	LIMITED OFFERING EXEMPTION	1 1
Name of Offering' ( check if this is an amendment and name	has changed, and indicate change.)	<u> </u>
\$1,000,000 of Units of Limited Liability Compa	ny Interests of Modality LLC	
Filing Under (Check box(es) that apply): Rule 504	Rule 505   Rule 506   Section 4(6)   U	PROCESSED.
Type of Filing: New Filing Amendment		
Enter the information requested about the issuer	A. BASIC IDENTIFICATION DATA	JAN 0 9 2007
Name of Issuer ( check if this is an amendment and name ha	s changed, and indicate change.)	6
Modality, LLC		THOMSON FINANCIAL
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number
604 West Morgan Street #306, Durham, North	  Carolina 27701	(Including Area Code) 919-688-4058
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number
(if different from Executive Offices)		(Including Area Code)
P. CD. 14 CD. 1		( )
Brief Description of Business		
Type of Business Organization		
	riship, already formed	ability Company
÷	Month Year	
Actual or Estimated Date of Incorporation or Organization:	[0   2 ] [0   6 ]	stimated
Jurisdiction of Incorporation or Organization: (Enter two-letter CN for	U.S. Postal Service abbreviation for State: [N][C] Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in	reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.50	 
	let the first sale of securities in the offering. A notice is deemed filed with the SEC at the address given below or, if received at that address after the date address.	
Where to File: U.S. Securities and Exchange Commission, 450	Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: <u>Five (5) copies</u> of this notice must be filed we the manually signed copy or bear typed or printed signatures.	ith the SEC, one of which must be manually signed. Any copies not manual	ly signed must be photocopies of
	ition requested. Amendments need only report the name of the issuer and on the information previously supplied in Parts A and B. Part E and the App	
Filing Fee: There is no federal filing fee.	4 4 1	
have adopted this form. Issuers relying on ULOE must file a state requires the payment of a fee as a precondition to the cla	Limited Offering Exemption (ULOE) for sales of securities in those states t separate notice with the Securities Administrator in each state where sales at im for the exemption, a fee in the proper amount shall accompany this form to the notice constitutes a part of this notice and must be completed.	e to be, or have been made. If a
<u> </u>	ATTENTION	<u> </u>
Failure to file notice in the appropriate state file the appropriate federal notice will not predicated on the filing of a federal notice.	es will not result in a loss of the federal exemption. result in a loss of an available state exemption unlo	Conversely, failure to

1

90376482\_1

	A 1	BASIC IDE	NTIFICATION DATA		<u>i</u>
•	<u> </u>	DASIC IDE	MIFICATION DATA	<u> </u>	<u> </u>
2. Enter the information requested for	or the following:			÷	
• Each promoter of the issu	er, if the issuer has b	een organized wi	ithin the past five years;		
Each beneficial owner have	ving the power to vo	te or dispose, or	direct the vote or disposition of, 10%	or more of a class of ed	quity securities of the issuer;
Each executive officer and	d director of corpora	te issuers and of	corporate general and managing part	ners of partnership issue	ers; and
Each general and managing	ng partner of partner	ship issuers.		•	
Check Box(es) that Apply: Promot	er 🗵 Bene	ficial Owner	Executive Officer	Director/Mana	ger Managing Member
Full Name (Last name first, if individual)					
Williams, S. Mark				·	
Business or Residence Address (Number an	d Street, City, State,	, Zip Code)		,	
604 West Morgan Street #306, Durh	ıam, North Caro	lina 27701			
Check Box(es) that Apply: Promot	ter 🔲 Bene	ficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)					j
					-
Business or Residence Address (Number an	d Street, City, State,	, Zip Code)		1	
<u> </u>					
Check Box(es) that Apply: Promot	er Bene	ficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)					
			,		Ì
Business or Residence Address (Number an	d Street, City, State,	, Zip Code)			
Check Box(es) that Apply: Promot	er Bene	ficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				,	1
Business or Residence Address (Number an	d Street, City, State,	Zip Code)	·		
: 2					
Check Box(es) that Apply: Promot	er 🔲 Bene	ficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				;;;;;	
Business or Residence Address (Number an	d Street, City, State,	Zip Code)			
Check Box(es) that Apply: Promot	er Bene	ficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)					
				·····	<u></u>
Business or Residence Address (Number an	d Street, City, State,	, Zip Code)	·	-	
<u> </u>	(Hee blank shoot	or convend use a	additional copies of this sheet, as nece	eccary)	
	(Osc Dialik Sheet,	or cohy and use a	idamonai copies of uns sileet, as field	ээн у.,	
				•	
		٠			

B. INFORMATION ABOUT OFFERING					
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes No				
Answer also in Appendix, Column 2, if filing under ULOE.					
2. What is the minimum investment that will be accepted from any individual?	\$12,500.00				
	Yes No				
3. Does the offering permit joint ownership of a single unit?	⊠ □				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.					
Full Name (Last name first, if individual)	None				
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
States in which Person Listed rias Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States)	All States				
[IL] [IN] [IA] [KS] [KY] [LA] [MÉ] [MD] [MA] [MI] [MN] [MS] [MO]					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]					
Full Name (Last name first, if individual)					
	*				
Business or Residence Address (Number and Street, City, State, Zip Code)	İ				
Name of Associated Dualing on Dualing					
Name of Associated Broker or Dealer					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	<u> </u>				
(Check "All States" or check individual States)	! All States				
(IL) [IN] [IA] (KS] (KY) (LA] [ME] [MD] (MA) [MI] (MN] [MS] [MO]					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]					
Full Name (Last name first, if individual)					
h					
Business or Residence Address (Number and Street, City, State, Zip Code)					
Name of Associated Broker or Dealer					
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers					
(Check "All States" or check individual States).	All States				
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]					
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]					
[RI] S [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]  (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)	1				

3

•	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEED	<u>s</u>	1
1.	Enter the aggregate offering price of securities included in this offering and the total			
	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an			
	exchange offering, check this box \( \square\) and indicate in the columns below the amounts of	•		
	the securities offered for exchange and already exchanged.	• *		
	m	Aggregate	Amo	unt Already
	Type of Security	Offering Price		Sold
	Debt.	\$ -0-	\$	-0-
	Equity			00,000
	☐ Common ☐ Preferred	\$ <u>-0-</u>		-0-
	·         —         —         —	· — — — — —	Φ	
	Convertible Securities (including warrants)		3 <u></u>	-0-
	Partnership Interests		\$	-0-
	Other (Specify:)	\$	\$	<u>  -0-</u>
	Total	\$_1,000,000	\$ 1,00	0.000
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>		
	,			
•	Enter the number of accredited and non-accredited investors who have purchased			
	securities in this offering and the aggregate dollar amounts of their purchases. For			ļ
	offerings under Rule 504, indicate the number of persons who have purchased securities			
	and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer			ggregate
	is "none" or "zero."	Number		ar Amount
		Investors	of l	Purchases
	Accredited Investors	23	\$ <u>1,00</u>	00,000
	Non-accredited Investors		\$	<u> 1</u> 0-
	Total (for filings under Rule 504 only)		\$	<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.			
i.	If this filing is for an offering under Rule 504 or 505, enter the information requested for			
	all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve			
	(12) months prior to the first sale of securities in this offering. Classify securities by type			
	listed in Part C – Question 1.	m : 6	<b>55.</b> 11	
	Time of official	Type of	Doll	ar Amount
	Type of offering	Security	•	Sold
	Rule 505		<u>\$</u>	<u> </u>
	Regulation A		\$	<u> </u>
	Rule 504		\$	<u> </u>
	Total	<del></del>	\$	<u> </u>
	a. Furnish a statement of all expenses in connection with the issuance and distribution of	:		
	the securities in this offering. Exclude amounts relating solely to organization expenses			
	of the issuer. The information may be given as subject to future contingencies. If the			
	amount of an expenditure is not known, furnish an estimate and check the box to the left	•		<b> </b> 
	of the estimate.			
	Transfer Agent's Fees	П	\$	
	Printing and Engraving Costs		\$ \$	
			\$ <u>25,0</u>	<u> </u>
	Legal Fees			700
	Accounting Fees		\$	
	Engineering Fees		\$	<u> </u>
			Ψ.	1
	Sales Commissions (specify finders' fees separately)		\$	
	Sales Commissions (specify finders' fees separately)  Other Expenses (identify) Miscellaneous (finder's fee, professional fees, duplicating, couried Total	er, etc.)	\$ <u>5,00</u> \$ <u>30,0</u>	

` , ,	!				l	
		R OF INVESTORS, EXPENSES AND USE	OF PROC	EEDS	1	<u></u>
	b. Enter the difference between the aggregate		•		ļ	
	Question 1 and total expenses furnished in res	•		\$	<u>970,</u>	<u>000</u>
		he issuer."			1	
5.	Indicate below the amount of the adjusted gro					
•	be used for each of the purposes shown. If the				1	
	furnish an estimate and check the box to the le listed must equal the adjusted gross proceeds				İ	
	Question 4.b above.	to the issuer set forth in response to Part C-				
•	Question 4.0 above.		Payme	nte to		
		•	Offic			
	V.		Directo		Pavr	nents To
			Affili			thers
	Salaries and fees				_}	69,500
					1 \$_	
		machinery and equipment			\$ \$	
		facilities		_	\$	
	Acquisition of other businesses (including the		□ \$.		□ *_ □ \$_	
	that may be used in exchange for the assets or		<b>-</b>	_	<u> </u>	
	· · ·	······				
	Repayment of indebtedness	·	□ \$	[	<b>⊠</b> \$ <u>1</u>	00,000
	Working capital		<b>\$</b>	[	\$ 2.	31,000
	Other (specify): Intellectual Property		□ \$	[	<b></b> \$ <u>1</u>	00,000
	Column Totals		□ \$	[	□ \$_	
	Total Payments Listed (column totals added).			\$ <u>970,00</u>	<u>00</u>	
		D. FEDERAL SIGNATURE			}	
	•				Ì	
		y the undersigned duly authorized person. If				
		ssuer to furnish to the U.S. Securities and Exch ny non-accredited investor pursuant to paragrap			i writi 	en request
01 113 51	arr, the information furnished by the issuer to an	ny non-accredited investor pursuant to paragrap	in (0)(2) 01	Kule 302.		
Issuer (Pr	int or Type)	Signature		Date	1	
,						
Modali	ty, LLC			December	19	_, 2006
Name of	Signer (Print or Type)	Title of Signer (Print or Type)			1	
S Mark	Williams	MANAGER				
S. Mair	Williams				1	
,						
	į.					
ATTENTION						
	Intentional misstatements or omissions	of act constitute federal criminal violat	ions. (Sec	e 18 U.S.C.	1001	l <b>.)</b>
				<u> </u>	1	
					I	